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|---|--|---------------------------------|--|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 04266/100M275-US1 | |
| Application No. 10/768,953-Conf. #4561 | | Filing Date January 29, 2004 | | Examiner L. A. Royds | |
| | | | | Art Unit 1614 | |

Applicant(s): Amedeo Leonardi et al.

Invention: TREATMENT OF NEUROMUSCULAR DYSFUNCTION OF THE LOWER URINARY TRACT WITH SELECTIVE MGLU5 ANTAGONISTS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | | |
|--|----------------------------------|--------------------------------|-----------------------------|------|--------|------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | |
| Total Claims | 65 | - 65 = | 0 | x | 50.00 | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x | 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | |
| Other fee (please specify): | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | | 0.00 |

☒ Large Entity
 ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Anna D. DiGabriele
 Anna D. DiGabriele
 Attorney/Agent Reg. No.: 59,933

Dated: April 2, 2007

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| Express Mail Label No. _____ | Dated: _____ |
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